

bridge of the nose. The soft part of the nose is severed from the bone transversely and drawn forwards; to this the free end of the above flap is sewed. The frontal wound is stitched up. The bone surface of the flap is allowed to granulate and cicatrize; this draws the skin from the posterior surface around until it covers two-thirds of the flap's circumference. The sides of the nose are now formed from the old depressed bridge. This is divided down the middle—the superimposed flap being held aside—and prepared back after cutting across above and below. This gives a quadrangular flap on each side. The skin of the piece from the forehead is freed along its edges so that raw surface comes against that of the external flap and its skin-surface is left facing inwards. In this way a narrow margin of skin that has been drawn to the front surface of this flap is left there, and with the two flaps from the original bridge of the nose constitute the covering of the new bridge.

He demonstrated two originally bad cases where, for the present at least, very nice results were achieved.—Proceeds. XVI Germ. Surg. Congress in *Centbl. f. Chirg.*, 1887, No. 25.

**III. A Method of Removing any Desired Amount from a Goitre without Tamponade or Loss of Blood.** By Dr. E. HAHN (Berlin). Owing to the frequent bad effects of total extirpation for goitre the preference is now for partial extirpation so executed as to avoid much loss of blood, spare the recurrent nerve and give favorable conditions for the wound to heal.

In a recent case H. tied the superior thyroids and the ima. After preparing the gland free, he placed artery forceps on the inferiors.

Next he divided the capsula propria down into the gland on the left. With knife, scissors and pincers he then cut away large pieces of the gland without injuring the capsule at any other point (intracapsular extirpation). On the right he proceeded in like manner. Thus the operation on the gland itself was bloodless. Vessels that bleed on cutting the capsule are, of course, tied. The forceps to the inferior arteries are for immediate removal in case speech trouble indicates that the recurrens is included. For this the best forceps have just enough spring to compress the artery, but not to crush the nerve; they

are removed in 24 hours. Secondary suture in a few days. The wound had almost healed in 10 days. The absence of hemorrhage allows better control of the operation. Twisting and crushing is avoided. Danger of sepsis is less, etc.—Rept. XVI Germ. Surg. Cong. in *Centbl. f. Chirg.*, 1887, No. 25.

WM. BROWNING (Brooklyn).

#### NERVOUS SYSTEM.

I. Gangrene of Portion of Median Nerve Without Loss of Function in Supplied Parts. By Dr. FERRET. A boy of 14 had his forearm crushed by a thrashing machine, the brachial artery being torn through and the median nerve stretched to such an extent that it afterwards sloughed.

The wound healed in four weeks and sensation, motion and electrical reaction, were found unimpaired in the muscles supplied by the median.

The author concludes that the nerves communicated (as is sometimes the case) below the seat of injury.—*Le Progrès Médical*, May 7, 1887.

#### HEAD AND NECK.

I. Traumatic Intraocular Hæmorrhage. Posterior Ophthalmotomy. Recovery. By M. ROLLAND. Complete loss of vision in a child of 12 from the blow of a cracker. Treatment unavailing for two months, after which the author cut down on the globe between the superior and external recti at a point 5 mm. from the ciliary circle. A Graefe's knife was thrust into the vitreous, and blood came out.

Next day the patient could count fingers and would read after fifteen days. The field of vision was somewhat contracted at the lower part, but there was no scotoma.

The operation has been done before for pathological hæmorrhage in cases of hæmophilia, but never before for traumatic hæmorrhage. The author strongly recommends the operation in such cases.—*Le Prog. Méd.*, Jan. 1, 1887.